

**Appearance (BOR)**

Claimant ID/SSN.:

Dated:

BOR Docket No.: (If Issued)

The undersigned enters their appearance on behalf of

(Name of Claimant / Employer)

(Check One) ( Claimant Employer) in the above referenced Docket Number. Please mail a copy of the Board of

Review decision to the (Check One) ( Attorney Representative) at the address indicated:

Name:

Address:

Address 2: (Apt./Floor/Suite/Etc.)

City:

State:

Zip Code:

Telephone:

Ext:

Signature (Claimant / Employer)

Signature (Attorney / Representative)  
For  
(Claimant / Employer)

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